

Health Facilities, Equipment and Services Summary Worksheet with DOH or DSHS Licensure Oversight

The Task Force recommended stronger connections between CON and licensure of health care facilities and providers. Improved communication would enable the Department of Health to improve its monitoring and enforcement of CONs issued with certain understandings or conditions through the licensing process. When considering whether additional items should also be licensed if they come under CON review, the following list shows the current licensure and CON review status of each item.

	CON Req.	Licence Req.		Comments
		DOH	DSHS	
Acute Inpatient				
<u>Medical-Surgical Licensed Beds</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Rehabilitation (Level I)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Psychiatric (licensed)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Obstetrics (Level II & III)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Pediatrics (specialty)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Substance abuse (adult)</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Substance abuse (child/adolescent)</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Intensive care unit (ICU)/Critical care unit</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Neonatal ICU (Level II & III)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Adult ICU</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Pediatric ICU</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Burn Units (specialty)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Specialty hospitals (heart, orthopedic, surgical)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>no such category</u>
Long Term Care				
Subacute care (<u>Medicare distinct part</u>)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>if in hospital</u>
Boarding homes (assisted living facility)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specialty care assisted living facility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Intermediate care mentally retarded facility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<u>Long term care hospital</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Nursing homes</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Swing beds (≥ 5 beds)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Residential care facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Psychiatric residential treatment facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Continuing care ret. center (<u>5-yr Medicaid life care req</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Adult family homes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Medical Equipment				
<u>Cyber knives</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Off of Rad Protect</u>
<u>Computed tomography (CT) scanners</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Off of Rad Protect</u>
<u>Gamma knives</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Off of Rad Protect</u>
Hyperbaric chambers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Magnetic resonance image scanners</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Positron Emission Tomography (PET) scanners</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Off of Rad Protect</u>
<u>PET/CT scanners</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Off of Rad Protect</u>
<u>Linear accelerators</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Off of Rad Protect</u>
<u>Robotic Surgery</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heart-lung bypass machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note 1: underlined items are reviewed in the State of Washington, ***bold italics*** referenced in statute as service to be considered.

Note 2: sub-services provided within a hospital are not uniquely licensed, instead covered under the general hospital license.

(Terms: DOH = Department of Health, DSHS = Department of Social and Health Services, ret. = retirement, req. = required, ambul. = ambulatory, Off of Rad Protect = Office of Radiation Protection)

Health Facilities, Equipment and Services Summary Worksheet with DOH or DSHS Licensure Oversight (continued)

Outpatient Services

<i>Freestanding emergency departments</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>licenced in hospital</u>
<i>Freestanding radiological service centers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>licenced in hospital</u>
Behavioral health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>licenced in hospital</u>
Opiate replacement treatment facilities (methadone)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>licenced in hospital</u>
<i>Urgent care facilities</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>licenced in hospital</u>
<i>Diagnostic imaging centers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>licenced in hospital</u>
<i>Oncology (Cancer) Treatment Centers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>licenced in hospital</u>
<i>Substance Abuse Services</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>licenced in hospital</u>
Community clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>licenced in hospital</u>

Procedures

<i>Diagnostic cardiac catheterization</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Therapeutic cardiac catheterization</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<i>Elective angioplasty</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<i>Primary/emergent angioplasty</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<i>Lithotripsy</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Kidney treatment centers (including hemodialysis)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Medicare-certified</u>

Surgery

<i>Cardiac</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<i>General Inpatient</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<i>Outpatient (any freestanding ambulatory)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>licenced in hospital</u>
CON required if not private/group practice for own use				
<i>Outpatient (hospital)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>licenced in hospital</u>
<i>Open heart (adult)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<i>Open heart (pediatric)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<i>Solid organ transplant (adult)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<i>Solid organ transplant (pediatric)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<i>Bone marrow/stem cell transplants</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Single-specialty freestanding ambul. surgery centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>licenced in hospital</u>
CON required if not private/group practice for own use				
<i>Physician practice office-based surgery</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other Services

<i>Home health care (Medicare/Medicaid eligible)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<i>Hospice care centers (inpatient)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<i>Hospice agencies (outpatient, Medicare/Medicaid)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Air ambulance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<i>Information technology</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medical office buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emerging technology and new service categories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Research and demonstration projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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